

FILED NOV 20 1948

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 4478

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day 11 hrs. 55 min.  
(Specify whether  
In this community 1 day - 11 hrs. 55 min.  
years, months or days)

3. (a) PRINT  
FULL NAME

Thomas Gerald Crews

3. (b) If veteran,  
name war no

3. (c) Social Security  
No. none

4. Sex Male 5. Color or race W  
6. (b) Name of husband or wife single  
6. (c) Age of husband or wife if  
alive 11 years  
7. Birth date of deceased 11 - 1 - 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 hr. 55 min.

9. Birthplace K.C. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation New Born

11. Industry or business

12. Name Donny Jay Crews 1  
13. Birthplace Eureka Springs Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Donna Marie Littlepage  
15. Birthplace Eureka Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address 3245 Independence Ave.

17. (a) Removal (b) Date thereof 11-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka Springs, Ark.

(a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 11-3-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48  
(c) City or town K.C. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3245 Independence Ave. 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2  
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
11 - 1 - 1948 to 11 - 2 - 1948  
that I last saw him alive on 11 - 2 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Congenital Heart Disease - 1572

Due to Bicuspid Aortic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Atherosclerosis - Atrophy of L. Ventricle

Of autopsy See Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, place of business, or public place?

A. E. Upsher

While at work (Specify type of glass) (Specify type of injury)

23. Signature A. E. Upsher (M. D. or other)

Address 2800 Main

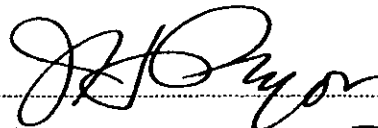
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2499

P. O. Address..... KC

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**